

POSITION	ID NO.	DATE
CLASSIFIER	10	2-9-94
EXAMINER	249	8/16/94
TYPIST	330	2/24/94
VERIFIER	211	2/25/94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	7 95
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BEST AVAILABLE COPY

SYMBOLS

- ✓ Rejected
- Allowed
- (Through number) Canceled
- † Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
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